

THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

H. B. Lynde, M.D.

VOL. XLVII.

WEDNESDAY, AUGUST 4, 1852.

No. 1.

M. RICORD'S LETTERS UPON SYPHILIS.

Addressed to the Editor of L'Union Medicale—Translated from the French by D. D. SLADE, M.D.,
Boston, and communicated for the Boston Medical and Surgical Journal.

SECOND LETTER.

MY DEAR FRIEND,—I am not writing a didactic work ; I have a great desire so to do, but you know that at this moment I am not able. I address you some letters familiarly written, and for which I ask all the privileges of the epistolary form—that is to say, freedom of style and spontaneousness of thought. Therefore, that which I have not said in my preceding letter, I shall say unceremoniously in this, without a too rigid adherence to plan, method and other restraints of composition, elsewhere so useful.

In order that my first letter should be complete in the rapid sketch of the attempts made in experimentation, I ought not to omit to bring to mind the fact of the attempts at inoculation of syphilis from man upon animals. Either to avoid the inconveniences which could result from the inoculation practised upon man himself, or to resolve the curious problem of the transmission of syphilis to animals, Hunter and Turnbull had already attempted: in vain this inoculation from man to animals. I have repeated all those experiments, and have arrived at the same negative results. However, lately a young and industrious fellow-laborer, M. Auzias Turenne, has repeated these experiments, has varied them, has employed other methods than those which were known, and he has thought to have arrived at the experimental demonstration of the transmissibility of syphilis from man to certain animals. It was my duty, then, to renew these experiments, and I was convinced anew that syphilis was decidedly not communicable to animals, and that the facts as stated by M. Auzias were illusory. M. Cullerier, at the Hospital "de Lourcine," has studied this subject with much care, and has arrived at the same conclusions as myself. My colleague, M. Vidal (de Cassis), has experimented in his turn, with I believe the same results.

The direct observation, the experimentation upon the patient himself, were then the only sources to which I could have recourse; to these alone, then, I resolved to apply myself.

It was necessary, first, to seek a sure source from which I could draw the principle, towards the research of which, I wished to direct all my

investigations. One could no longer rely upon the stories of patients ; it was necessary, also, to avoid the objections justly brought against the experiments of Hunter and of Harrison, against the facts stated by Bell, against the experiments of Hernandez ; and for this purpose, I first endeavored to well ascertain the state of the tissues from which I took the principle reputed specific.

It was no longer enough, as Petronius formerly said, that a woman should be considered *diseased* ; it would no longer do, to take at hazard a morbid secretion coming from the genital organs of the woman, and to make of it, according to the picturesque expression of Alexander Benedictus, a venereal dye, throwing a uniform color upon all the accidents which could result from it. No, the scientific tendencies of the minds of my day, and the demands of my own conscience, required of me the employment of a method more authentic and of proceedings more rigid.

I do not wish to lay stress upon the facility with which effects were drawn from the cause. But who would not be surprised, that in a question like that of venereal maladies, where ignorance and *fraud*, according to the expressions of Hunter, are such frequent sources of error—that in a disease which above all, and almost always, is a flagrant proof of immorality, the observers, even the most judicious, should so often trust to the reports of patients, and invoke without ceasing the moral worth of the testimony.

The testimony ! under such circumstances, is there anything more deceptive ? and especially as regards women ? Let me cite to you two little examples, where you will see one of the most strict observers caught in the snare of feminine testimony.

Babington wishes to destroy this law laid down by Hunter, that when there is neither pus nor puriform secretion, the disease cannot be communicated ; so that the infection is not possible before the appearance of a gonorrhœa or after the cicatrization of a chancre. " This conclusion is not without danger," says Babington, " which one can see from the following facts, which are far from being rare."

" A married woman was taken with the ordinary symptoms of gonorrhœa, which much surprised her, as her husband was free from all disease. However, the husband having been questioned, confessed that he had had relations with a suspected woman, about eight days before his wife perceived herself diseased, but he positively affirmed that he had had no discharge, nor any morbid sensation, and certainly he offered no symptoms of disease. At the end of four days, that is to say, about fifteen days after the impure connection, and one week after the time when he should have communicated the disease to his wife, a gonorrhœal discharge manifested itself in him.

" A traveller exposed himself to the risks of a syphilitic infection, and arrived home at the end of three days. About four days after his arrival, his wife was attacked with gonorrhœa. It was not till ten days after the infection that he perceived, for the first time a discharge, and that he was attacked by the other symptoms of gonorrhœa."—(John Hunter's complete works, vol. xi., page 167. Notes by Babington.)

If, in presence of similar facts, Babington had not sought to obtain

more complete confessions (there are some confessions that women never make, even, as I have had the opportunity of too often seeing, under the fear of the greatest dangers), but had assured himself by a rigid inspection of the true state of things, he would have seen that in these cases the infecting cause was not in the genital organs of the candid husbands.

It was not, then, possible to think of basing any pathological truth whatever, in syphilis, upon the morality of the testimony of the patients. I had no longer confidence in the doctrines and in the facts based upon recitals of this kind. It was necessary to be removed from the mysteries of the "*alcove*," to bring to the light of experimentation the principle which I wished to find. This principle—where ought I first to seek for it? At its source; that is to say, in the genital organs of the woman, in their external portions as well as in their deepest folds. Chance was propitious for me. The Hospital "*du Midi*" then received the unhappy beings that the dispensary sent there.

Here you will permit me to recall, my dear friend, that before my entrance into the Hospital *du Midi*, the manner of examining a woman consisted in making her sit upon the border of a chair, in separating the external genital organs, and if no lesion of the tissue was found, every morbid secretion coming from higher up, was invariably considered as a blennorrhagic discharge. At the circle of the vulva my predecessors appeared to have placed the columns of Hercules of chancre. I could not, nor ought I, to have been satisfied with this superficial and incomplete examination. We were at no great distance from the time when M. Recamier had so fortunately exhumed the *speculum* from the surgical armentarium. You are aware of the happy applications that this celebrated practitioner had made of it, in the diagnosis of diseases of the uterus. But this valuable instrument had not as yet been applied to the diagnosis of syphilitic diseases; its employment, even in these cases, appeared and was reported to be contra-indicated. I did not pay any attention to this widely-spread opinion. I made a general use, on the contrary, of the *speculum* upon all the women in my wards.

I do not know if posterity will partake of the opinion of one of my learned critics, who reduced to a very small compass that which I had to do in syphilopathy. However, my dear friend, when I call to mind the profound obscurity which enveloped the diagnosis of syphilitic diseases before the application of the *speculum*—when I compare the embarrassment of practitioners of that epoch in settling upon their opinion, with the truly wonderful facility of modern practitioners in giving an undeniable diagnosis; when the recollection of all the services that the *speculum* has already rendered to this part of practice comes to my mind, I think, that should my participation in its progress be thus limited, this opinion might appear rather severe. The employment of the *speculum* permitted me to examine with great care all the surfaces venereally affected, and to ascertain with precision the condition of the tissues which furnished the secretions.

These conditions established, I had to study all the accidents reputed venereal, and comparatively with other morbid secretions.

I commenced with blennorrhagia. You understand, my dear friend,

that I ought to suppose the state of the question, at the time when I undertook my experiments concerning blennorrhagia, to be perfectly understood by my readers. Once more, I do not here write volumes with a complete history, but a simple and concise exposition of facts which belong to me.

I sought to resolve by experimentation that problem already differently resolved, by the observation which you know—Does blennorrhagia recognize a specific cause?

Hunter had taught that the pus of a chancre inoculated produced chancre. If blennorrhagia recognizes a specific cause, said I to myself, the muco-pus which it secretes, being inoculated, will produce without doubt phenomena similar to those which pus coming from a chancre produces.

But to well ascertain the result, to isolate it from every complication, and from every cause of error, it was necessary first to inoculate the muco-pus coming from perfectly simple blennorrhagias; it was necessary to take this muco-pus from tissues completely free from all ulceration; and you see how valuable the employment of the speculum was to me. Without it, these experiments were not possible.

Now these first experiments, made in great number, and a long time continued with perseverance, conducted me to this first fundamental result, which I here give in the form of a proposition.

PROPOSITION.

Every time that the muco-pus has been taken from a mucous surface not ulcerated, the results of the inoculation have been negative.

All experimenters who have followed me in this course have arrived at the same conclusion; and this, whatever has been the period of the blennorrhagia in which the experimentation has been made. Thus, it is with great surprise that I have read in your Journal the following passage, where, M. Vidal, in his *letters upon syphilitic inoculation*, reproaches inoculation for being very often fruitless in the question of blennorrhagia; "In fact," says my learned colleague, "a distinguished Interne, M. Bigot, has tried, under the observation of M. Puche, physician at the Hospital du Midi, sixty-eight inoculations with muco-pus coming from the urethra, and these sixty-eight inoculations have been followed by no result." I am astonished at the surprise of M. Vidal. These sixty-eight negative inoculations conform entirely to the facts which I have before advanced; they confirm and corroborate my opinion upon the rarity of *syphilitic* blennorrhagia; and when my opposer asks you—"Do you believe that of these sixty-eight blennorrhagias there were none, where virus was present, no one that contained the seeds of a verole?" answer him confidently, no; and for this reason, that the inoculation has been negative.

A logician as skilful and as exact as M. Vidal, could not be prevented from perceiving that the results of experimentation, upon whatever subject exercised, are either positive or negative, but that scientifically speaking, the negative results are no less valuable than the positive. The inoculation of vaccine does not give rise to any phenomenon upon

those subjects who have already had the variola ; is that saying that the negative result is without importance and without consequences ?

But we shall soon see how much value and force these negative results have derived from the positive results of inoculation. I notice, in passing, a first objection which will at a later period find its complete refutation. Some writers on syphilis have thought with Hunter that blennorrhagia was a form of syphilis peculiar to mucous membranes. I confine myself for the moment to remarking that the experiments before indicated destroy entirely this opinion ; we shall see later that the virulent virus of chancre, placed upon a mucous surface, produces there, in every respect, the chancre.

From experiments shown, I shall draw this conclusion.

CONCLUSION.

The blennorrhagia, of which the muco-pus being inoculated, gives rise to no result, does not recognize the syphilitic virus as cause.

This conclusion, as you know, has given rise to numerous and grave objections. But I fear that you cannot to-day afford me sufficient room to undertake the refutation and exposition of these. This will be, with your permission, the subject of my third letter. Yours, &c.

RICORD.

CURVATURES OF THE SPINE.

To the Editor of the Boston Medical and Surgical Journal.

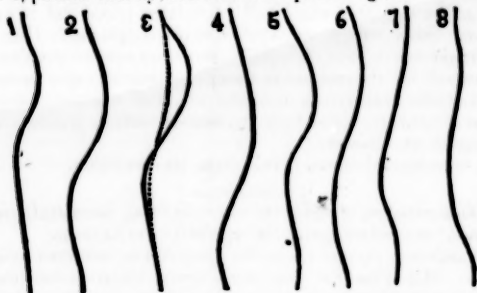
SIR,—In the number of your Journal for the 3d of March last, I made some remarks upon curvatures of the spine, and a brief notice of an apparatus invented by me for the treatment of all those diseases of the spinal column that require mechanical support. At the close of that article, I promised, in a future number, to give a drawing, showing the lateral distortion in several cases, at the time my apparatus was applied. In number 3 of the drawing there is a dotted line showing the lateral deviation at the time of the account. The others required no second drawing, as they were brought into their normal position.

For reasons without my control, this article has been delayed much longer than was anticipated. In consequence of some feeling on the part of patients, the names have been omitted.

No. 1.—Miss ———, Providence, R. I., aged 14 ; double curve, of two years' standing, figure slight, countenance pale, of a spare habit of body ; under treatment in the institution seven weeks ; spine was carried over three quarters of an inch, producing an actual curvature, perfect in all its parts, in the opposite direction from the original one ; general health good ; gained some flesh ; has healthy color of cheeks. Immediately after being brought into this condition, she went home, took off her apparatus, and lost all she had gained. It has been applied since, and I understand she is improving, although she is attending school. She has not, however, been under my immediate supervision since the first seven weeks.

This case fully illustrates how readily the best results can be prevent-

ed by neglect, or error of judgment, on the part of the patient or friends. From the time it required to bring the spine straight, it is probable that two or three weeks special exercise would have enabled her to have dispensed with the apparatus entirely, and retained a perfect figure.



No. 2.—Miss ———, South Coventry, Conn., aged 16. Curve of five years' standing; general health good; muscular system very fully developed, in consequence of the exercise she had been taking, while under the charge of Dr. Brown, of Boston. She was wearing his corsets when she came under my care. This patient remained with me between four and five months; she was brought nearly straight, went home, and by the advice of her parents (because she was not so ruddy as formerly) adopted her former exercises, and lost in a few months, to appearance, all she had gained; although such cases, if taken soon after, can be restored more easily than at first. She afterwards returned to the institution, and remained three months, during which time I was enabled to remove entirely the upper curve, and there remained but a slight deviation in the lower. Two months more would probably have entirely restored her; but friends are very apt to think that the patient "is so very nearly restored, they can keep the apparatus in its place," &c., and perfect the cure without any difficulty. They soon find themselves, however, in the condition of the mariner, who thinks because he can steer a ship, he could make a successful voyage, though entirely unacquainted with navigation.

No. 3.—Miss ———, Boston, Mass., aged 16. Curve of eleven years' standing; short in stature; countenance indicating constitutional suffering from the great deformity. Has an only sister with a curvature.* By reference to the draft (No. 3) it will be perceived that only the lateral curve is given, while the posterior one, or the gyration of the body, cannot be shown; this in many cases occasions as great a deformity as the former. In this patient, the angle of the ribs on the left side, instead of being in the usual place, was in front of the head of the humerus; the spine in the dorsal region being turned quite a quarter of a circle. To persons unaccustomed to examine bad cases of lateral curvature, this

* It is desirable that a plaster cast should be taken of each case, but the circumstances to which it subjects a female render it objectionable.

portion of the distortion would hardly be credited. In this case the inferior portion of the *right* scapula projected (taking a line at right angles with the natural position of the face at the point of departure) full four inches beyond the *left*; this, together with the lateral deviation, produced a most extreme deformity. I would remark, in this connection, that this twist in the spinal column does not change in the same proportion that the lateral curve does; as a general rule, the spine must be, not only brought straight, but carried over in the opposite direction, before it will be entirely overcome. This gyration is a necessary, a mechanical consequence of a lateral curve in the dorsal region, and carrying it over to the opposite side will not only overcome it, but eventually produce a twist the other way. At the time the dotted draft (No. 3) was taken, the patient had been in the institution eight months, six of which had been spent in treatment. The dotted line indicates the lateral deviation at this time, yet the gyration of the body is so much greater in proportion, the restoration of the lateral curve does not appear so great as it really is.

This patient has gained, in height, between two and three inches, all of which is between the head and pelvis. It can be readily conceived, from so great a change in the length of the waist of a short person, that previously there must have been but little distance between the axilla and the crest of the ileum. It is now in good proportion with her general figure. Her health is good, her countenance has lost that haggard, distressed appearance it had formerly, and has put on the glow and freshness of youth; the color of the skin indicates a free and healthy condition of the lungs. She commenced treatment under unfavorable circumstances, having been under the care of different physicians and instrument makers, for five years previous, during which time she had become so obstinately, as well as hideously deformed, that she had lost, almost necessarily, not only confidence in treatment, but in the word of those who professed to treat such cases, as she had been promised a cure I believe in every instance.

From the favorable results of treatment thus far, and the confidence engendered in the patient and her parents, I trust she will remain in the institution until she is cured.

No. 4.—Miss ———, Fitchburg, Mass., aged 15 years. Curve of four years' standing; general health good. In this case the bony structure appeared to be the cause of the curvature; the right side of the thorax, when measured from the spine, was one inch less in diameter than the left; giving the muscles of the left side, attached to the ribs, this amount, or advantage of leverage over the right. I could not ascertain that she ever had suffered from pneumonia or pleurisy, neither could I perceive upon examination any disease of the lung. Where grave disease of one lung occurs in childhood, and it does not fully recover its function, that half of the thorax will remain smaller in proportion, and I have known curvatures to date from such disease. By reference to draft No. 4, the curve will be found quite uniform between the head and the lower lumbar vertebræ. In three months I was enabled to carry the spine three quarters of an inch to the opposite side. Whether

she will eventually so far recover an equilibrium of the support of the spinal column, as to be able to dispense with the apparatus, is somewhat uncertain. It is to be hoped, however, that the future development of the body will be more equal, and thus eventually remedy the evil; yet if she should be under the necessity of wearing the apparatus continually, it will be no real inconvenience, as it requires but slight pressure to retain her form erect, and give her a good figure, which to a young lady is no light consideration.

No. 5.—Miss ———, Providence, R. I., aged 8 years. Curve congenital, or supposed to be, having been discovered in early infancy. She had been in Boston a year or more, at an institution for the treatment of curvatures of the spine, and was thought by the physician to be cured, but it was soon perceived that she was growing as deformed as before treatment. By the advice of my friend, Dr. Miller, of Providence (to whom I am greatly indebted, not only for the interest he has manifested in the introduction and success of my apparatus, but for the more positive assurance of his confidence by sending me some thirty patients), her parents brought her out to me. Before the apparatus was applied, she was attacked with dysentery. Upon her recovery, the deformity was found to be much greater than before her sickness. In less than three months she returned home with her spine curved in the opposite direction, and she became the image of health. Children can be restored much more easily than adults, and parents should not delay treatment, whenever they discover any deviation of the spinal column from its normal state.

No. 6.—Mrs. ———, Fitchburg, Mass., aged 45. Curve has existed thirty-five years. She has had three daughters afflicted with this disease; the youngest, aged 15, was cured by me, and has not worn any apparatus since July, 1851; her spine is perfectly straight, and there appears to be no tendency to a return of the difficulty. By reference to the drawing No. 6, the curve will be found towards the left side of the body; and in the lumbar vertebræ, the surfaces of which are very large, and the ligaments strong in proportion. For these reasons any deformity in this locality, must necessarily be very difficult to overcome, and in this case there was superadded, the great length of time the curve had existed, and the age of the patient. She had on Dr. Abbe's corsets, which she had worn eight years; she was likewise under the necessity of wearing a false hip, not only to improve her figure, but to sustain her clothes. When she left the institution there was but a slight deviation of one of the vertebræ; her figure was good, no deformity could be perceived when dressed, although she wore no padding.

In cases with so many difficulties to overcome, it requires a great amount of pressure, and that steadily and long continued; it is, in fact, all that flesh can endure.

No. 7.—Miss ———, Providence, R. I., aged 7 years. Curve of one year's standing; general health not good; had recently recovered from sickness; has complained of pain at lower part of sternum and pit of stomach for some time. These symptoms were removed upon the application of the apparatus. She wore it but five weeks, three of

which were spent with me, since which time she has been without any support, and retains her form perfectly. General health good, and the restoration appears to be permanent.

No. 8.—Miss ———, Fall River, Mass., aged 22. Curve first perceived when about 5 years of age; general health has been poor for several years; there is extreme tenderness over the whole extent of the spinal column. The apparatus brought her spine up in two months; she returned home, and continues to wear it, although her health is not good. She should have remained with me some time longer, as such patients, suffering as they do from other diseases, are apt to become discouraged, and attribute a portion of their ill health to the apparatus, when in reality they are relieved by it, or even it may be absolutely essential to their recovery.

In the above abridged report of cases, I have not followed the usual method, but have interspersed them with some thoughts that were suggested at the time, feeling that their applicability would be more apparent in connection with the facts detailed. I could have selected a set of cases, that would have appeared to the superficial reader, perfectly triumphant; but this was not my object, which was first to show the adapt-
edness of the principles of my apparatus to the different varieties of curvatures, and, also, the difficulties and hindrances encountered, that are uncontrollable by the surgeon. In some of the above cases, if the whole time spent in treatment had been continuous, the patient could have dispensed with all support; but during the interval they lost much of the benefit derived from the apparatus, and then, upon the second trial, instead of accomplishing a cure, they just stop short of it. Every surgeon can appreciate these difficulties, and knows how exceedingly trying they are to his feelings.

I have made no mention of any cases with caries of the vertebræ. The effect of treatment, in not only restoring the health, but the form, is as satisfactory in these as in lateral distortions. If time would permit, I could give the details of some most interesting cases of recovery, in some of which there was perfect paralysis of the lower extremities, in another the amount of diseased surface was so great as to produce large abscesses on both sides, destroying the connection of one rib with the vertebra upon each side of the spine, leaving them pressing against the skin. If the patience of your readers will permit it, in a future number I will give a few cases of caries.

HENRY G. DAVIS.

Millbury, Mass., July 26, 1852.

ACUTE LARYNGITIS.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Enclosed you have an exceedingly graphic account of a very interesting case, which you are at liberty to present to the profession should you deem it worthy of publication.

The extreme asphyxia, verging on death, presented to the surgeon, the primary operation, its absolute success and efficiency, and the *length*

of time which the tube has been worn with apparent impunity to the surrounding parts, are truly extraordinary features in the narration.

I would simply remark that the account is drawn up entirely by my friend and patient, Mr. Hamlin, of this city, late a highly worthy and respectable merchant of Philadelphia, and that his statements are implicitly reliable.

In conclusion, permit me to say, that although his general health, now fair, continues to improve, and physical system to develop, the local stricture yet presents a case of peculiar interest both to the patient and to science. We trust, however, that continued perseverance and care may yet overcome the remaining obstacle to complete success, and that he may be again restored to health and his accustomed occupation and usefulness.

With great respect, believe me truly yours, &c. J. M.

Providence, R. I., July 29th, 1852.

P. S.—Should be happy to receive hints from the profession adapted practically to the case. M.

Dr. Joseph Mauran, Providence.

DEAR SIR,—Supposing that a history of my case might prove of interest to you, I take this occasion to give a statement from the period of the first attack until the present time.

I have been subject to an occasional sore throat for the past eight or ten years, which heretofore had yielded to the prescribed remedies.

In the month of January of this year, a violent cold left me with hoarseness, which gave but little trouble at first, and was of so light a character as to render medicine and advice unnecessary.

In the month of April, I called upon a homœopathic physician of Philadelphia, as my breathing became affected and my voice very weak. Each respiration sounded as if coming from two individuals. He told me that I had an inflammation of the windpipe, and attended me until the eighth day of May.

On the day previous, I became so weak and exhausted from walking, or the least exertion, that confinement to my room became necessary, and my agony was so great that he was sent for in the night. His powders produced no effect. At 4 o'clock in the morning he pronounced me in no danger. I had spasmodic respirations which could be heard over the whole house. My eyes were fixed, and it was impossible to obtain sufficient breath to fill my lungs. I found that no position would give me any ease or comfort. It seemed as if every muscle of my face, chest and arms was thrown into activity without giving me the least relief. I attempted to eat and drink, but found it impossible. The doctor gave me emetics and anodynes, but they produced no effect. He left me at 6 o'clock. At about 7 o'clock I became insensible.

Dr. Joseph Pancoast, of Philadelphia, reached me between the hours of 9 and 10 o'clock on the morning of the eighth May. He pronounced the disease "acute laryngitis." My pulse and respiration had ceased, and my face was black. He pronounced me dead! that it was too late for any operation to save me, but soon consented to try, and made the first incision without my showing any signs of animation. A

discharge of very thick, black clotted blood very slowly followed. All the fresh air which was possible was admitted to the room. A slight twinge was observed of a muscle of the mouth, and then a slight heaving of the chest displayed a partial respiration, which was gradually increased until the whole mechanism of the body was again in motion. The blackness of the face gradually rose upwards from the chin, like the removal of a black veil.

My feet were placed in warm water, a mustard poultice applied to the stomach, and brandy and water placed to the mouth (in a teaspoon) which I could easily swallow. I remained totally insensible for five or six hours after the operation, and then very gradually aroused, but was not aware of the operation until the next day.

I was surprised at the number of strange faces around me, and supposed from appearances that I had been very ill, but the enjoyment of breathing with perfect ease, after such intense suffering, was so great a luxury that it rendered me perfectly satisfied with my situation, with but little inclination to make inquiry. We had no further trouble until the next day (Sunday, the 9th) in the evening, when the orifice became clogged with mucus, and the parts were highly inflamed. I was soon relieved by the forceps opening the orifice. In the absence of Dr. Pancoast, his friend Dr. Mutter arrived, who immediately ordered fifteen or twenty leeches applied to the throat, and a medicine called "neutral mixture," a tablespoonful to be taken every hour. My pulse had run up to 130, but by the next morning the fever had abated and I was doing well. The orifice was so constantly clogged with the mucus as to require instant watching, and I am greatly indebted to the young gentlemen in Dr. Pancoast's office for their disinterested kindness and attention day and night.

For the first three days I took no nourishment but mineral water. Milk punch was found to excite my pulse too much. I was then allowed arrow-root for several days, with lemonade and weak claret. In about three days after the operation, Dr. Pancoast applied the sponge attached to whalebone, soaked in nitrate of silver, ten grains to the ounce. It was very severe, on account of my weakness. This application was made once or twice a-day, and afterwards increased to twenty grains to the ounce.

On Friday, the 14th May, six days after the operation, I again began to suffer for want of breath, as the orifice had begun to heal so rapidly that the passage was nearly closed, and I had no power to take a breath through the natural passage. Up to this period we had hopes that a cure might be effected without the tube. Dr. Pancoast reopened the orifice and inserted the tube, when I was instantly relieved. During the second week my throat was swabbed in the morning with nitrate of silver, and in the evening with glycerin. A tablespoonful of syrup sarsaparilla and hydriodate of potash was taken three times a-day. This was continued until the fourth week, when a solution of lapis divinus was applied with the sponge and whalebone. The latter at noon, and the others as before.

After three weeks of confinement to my bed, I sat up a little at a

time each day, and was able in the fourth week to ride and walk out. My appetite was very good, and from light diet I gradually advanced to the most hearty food, and have not eaten or drank anything which appeared to do me any harm. Near the expiration of the 5th week I was able to go to Providence, in company with Dr. W. D. Southall, of Richmond, Va., who has been constant in his attentions to me, and to whom I feel under lasting obligations for his indefatigable kindness from the day of the operation until my case was resigned to your hands.

After my arrival in Providence, you continued for the first two weeks (which were the sixth and seventh weeks since the operation) with precisely the same treatment as that of Dr. Pancoast in Philadelphia. In the morning a swab of nitrate of silver, twenty grains to the ounce; at noon a swab of the solution of lapis divinus, and at night a gargle of the glycerin. I also continued a tablespoonful of the syrup sarsaparilla and hydriodate of potash three times a-day.

The 7th week—the strength of the nitrate of silver was increased to thirty grains to the ounce, and an alterative pill of biniodide of mercury.

The 8th week continued the same, with the exception that we tried the lapis divinus in the morning in lieu of the nitrate of silver, and found it more effectual.

The 9th week continued the lapis divinus in the morning, and at noon and night a gargle of cod-liver oil, continuing the pill every three or four nights, and taking half a tablespoonful of syrup of sarsaparilla and hydriodate of potash three times a-day.

The 10th week continued the same.

I have taken great care not to expose myself to the weather. I have particularly avoided the night air, and in damp weather been carefully protected. Residing in the country I have found beneficial, but of all the remedies, I have found none that appeared to do me more good than breathing the pure *salt air*. My lungs are perfectly sound, and consequently did not find it too bracing, but each respiration seemed to invigorate and refresh me.

Experience has proved that a crowded room would do me great injury. On one occasion I entered a large church which was about two thirds filled, and although sitting near an open window for about two hours, my exhaustion was so great on going out that I was scarcely able to inhale a breath for several minutes. Walking faster than the ordinary gait, walking up a hill or up stairs, produces a shortness of breath and wheezing in the throat. I have an excellent appetite, and have no difficulty in eating or drinking, nor has anything taken into the stomach done me the least injury. I am disturbed but two or three times in the course of a night by a single cough, which discharges the mucus through the tube. I find it of the utmost importance that my mind should be kept perfectly calm and free from excitement. Smoking a cigar I find very soothing to the throat. There is a sufficient quantity of air passing up through the natural passage, to enable me to smoke as comfortably as ever.

I feel under great obligations to Dr. Pancoast for his promptness and skill in the operation which raised me from the dead, but nothing that I

could say would add to his exalted reputation. His kindness will ever be remembered.

I will say a few words about the *tubes*, as my experience may be of benefit to others who are *blessed* in the same manner as myself. My first tube was inserted on the 14th day of May, about one week after the operation, and gave me immediate relief in breathing. It was only intended to be temporary, as there was no orifice in the back of it, to allow the passage of air up through the trachea. In the course of a week I had another tube made of the same diameter and length, with an orifice in the back, and by placing my finger over the mouth of the tube, and allowing my breath to pass through it and the orifice, I was enabled to speak so as to be understood by all around me. I soon found, however, that although the orifice was effectual in producing sound, it was so large as to take in the fleshy parts, which brought on bleeding and soreness, and in a few hours the tube would be so completely clogged as to require to be taken out. A third tube was made, but through mistake it was only three fourths the size of the others, and I found it too small for breathing purposes.

I have tried various experiments with the size and position of the orifice in the back of the tube, and found that it would not bear to be more than two and a half lines long and one wide, and an oval shape was preferred; it should be cut about three quarters of an inch from the plate. The fourth tube was made in this manner, and answered very well.

The opening in the throat has now so much healed, that I find it utterly impossible to breathe without the tube, and a duplicate of the fourth tube was made to be inserted as soon as the other was taken out. These I have been enabled to wear, only changing them night and morning. I place a piece of linen cloth, of the size of the plate, upon the back of it, covered with sweet oil or cod-liver oil, which prevents the plate from chafing the throat.

When the tube was first entered, I could only sleep well by lying upon my back. By turning upon either side, the clicking produced a hacking cough. This, however, was soon overcome by habit and experience, and I now find no difficulty in lying in any position.

A cough is often excited in changing the tubes, occasioned by the loosening of the mucus around them. The cough is immediately relieved on the discharge of the mucus. Some care is now necessary in inserting the tubes, in consequence of the healing of the orifice in the throat, it having diminished in size. I consequently prepare the duplicate tube, and have it ready to insert immediately after extracting the other, and before inhaling a breath, when the orifice is completely open. Having inserted the end of the tube, and waiting a few seconds for the spasmodic action to subside, it will pass home without any difficulty. If the orifice in the throat should be closed before the duplicate tube is inserted, I use the small silver forceps, which you designed for the purpose, and which I have constantly with me, as in case of accident they will afford relief until assistance can be obtained. These will easily enter the orifice and distend it, that the tube may enter, as well as if it had not been closed.

The tube may be easily cleaned by soaking it in water for a few minutes, when the mucus is softened, and a piece of whalebone and rag are passed through it. Great care should be taken that it be not bent or unsoldered; and I would here advise that all similar tubes be flanged upon the front side of the plate, and then passed through it when it may be soldered. My tubes are simply soldered upon the back of the plate.

On one occasion you will remember having been sent for, as the tube would not move all the way in, when you discovered that it had become unsoldered, and was merely hanging by a thread.

By placing my finger over the mouth of the tube, I am able to converse without pain or inconvenience, except that a strong effort is required, which would render a long conversation very fatiguing.

You have now a full history of my case and my experience, and I trust as my general health is now perfectly good, that with your usual kindness and attention, together with a due amount of patience and perseverance on *my own* part, we may yet be able to overcome the difficulty.

I remain, dear Sir, yours very respectfully,

Providence, July 24, 1852.

W. E. H.

SCARLATINA ANGINOSA.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The following occurrence, connected with that fatal and somewhat obscure disease, scarlatina anginosa, is of much interest to me, and I think will be interesting and profitable to your readers, both professional and non-professional. Two cases of it have occurred in our midst during these extreme warm days of July. They came unexpectedly; the *manner* is the point of interest. Some friends from a distance made the family a short visit, bringing with them two children, who had had, a few days before, an attack of "canker rash," as they said, but they seemed fully recovered. Ten days from this time a little girl, 4 years old, was seized with the symptoms of this much-dreaded disease. The eruption was perfect, the anginose difficulty severe, but terminated favorably. In seven days from this time a second child was attacked, who seemingly is doing well. I will here remark that I have used the "baccon" rubbed upon the skin in this difficulty for two years with marked benefit. I have no doubt of its beneficial effects.

Two important questions arise from these facts.

Did the children take the disease from their visitors? If so, how? From the exhalation from their bodies of a contagious influence? from their clothes, or any "fomites" they might have about them? I should answer in the affirmative to the first inquiry, decidedly. The others I will leave to those who are able to frame a probable and reasonable response. I need not say that the answers to all of them deeply concern the whole people.

R.

Westport, N. Y., July, 1852.

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, AUGUST 4, 1852.

Berkshire Soda Spring.—So many commendatory remarks have been made on the general medicinal properties of a spring in the town of Great Barrington, Ms., located in a wild, picturesque spot between the mountains, that it would oblige the profession if some medical gentleman of the neighborhood would forward, for publication, a chemical analysis of the water. There are fine accommodations there, we understand, for invalids, with all such agreeable accompaniments as visitors, sick or well, expect at a watering place. Great Barrington is twenty-eight miles from the Hudson river; ten from Hinsdale, on the Harlem railroad; twenty from Pittsfield; forty-eight from Albany, on the line of the Housatonic railroad, and accessible many times a day from thence. Formerly this same spring, under the name of "*the pool*," had an extensive reputation for curing rheumatism and dyspepsia, besides a host of other grave disorders. How it obtained its new patronymic of Soda Spring, remains to be explained. Of course all New England travellers are familiar with the fact that Berkshire is the Switzerland of Massachusetts. It is invigorating to gaze upon the beautiful mountain scenery, breathe its uncontaminated air, and participate in the refinements of its cultivated, hospitable inhabitants. If with all these adjuvants the Soda Spring is equal to the representations of those who appear to be best acquainted with its virtues, the healing waters are destined to a high renown.

Dental Depot.—It may be a convenience to operating dentists to know that on Tremont Row, in this city, under the Pavilion, an establishment has sprung into existence, in which every kind of mechanical contrivance having the least claim upon the attention of the craft, is on sale. The collection of forceps alone, gives the store the air of a curiosity shop. Then there are teeth beyond computation, of every form and device, as wayward in shape as nature in a sportive mood ever presumes to fashion her work. Files, moulds, dies, anvils not larger than an alderman's thumb, with chisels, gravers, burnishers, furnaces, and, in short, we can scarcely imagine a crooked thing ever in requisition by those who unite scientific accuracy in dentistry with a nice mechanical adroitness, that is not in some one of the show cases. It strikes us that this collection must be extremely advantageous to the dentists throughout New England. Dr. Codman, the proprietor, is admirably calculated to conduct the enterprise.

Dental Soap.—As predicted, this delicate preparation which Mr. Davis, of Cambridge, Mass., is extensively manufacturing, meets the expectation of those who use it. There is nothing in the composition to scratch or wear away the enamel of the teeth, which is a serious objection to the dentifrice powders and pastes which are in common use. The dental profession, we understand, strongly recommend a saponaceous application to the teeth, in preference to any thing else, from the circumstance that the alkali completely dislodges and destroys animal and vegetable parasites, that burrow between the gum and body of the teeth—undermining them and producing caries, bleeding, and a sponginess and fetor of the breath.

New York College of Physicians and Surgeons.—Circulars, announcements, and other means of notifying the medical public of the approaching lecture season, are constantly being received. It is only in the contemplation of such accumulations that a person fully realizes the number, size and activity of the schools which are organized in our young but growing country. Among them we have been looking at that of the New York College of Physicians and Surgeons, which is certainly old enough to be called venerable, and yet it possesses all the vigor of youth. The course of instruction embraces every thing the student of medicine can hope to learn; and the hospital privileges are unsurpassed in New York. There is no reason why a brilliant course of lectures should not be given the coming autumn. Anatomical facilities and surgical wards are the objects of peculiar attention to young men, and in the Crosby street school the advantages of each are both liberal and ample.

Yale College Medical School.—An expectation that new vigor is to be infused into this institution by the efforts of Dr. Hooker, the newly appointed professor, will doubtless lead to a very considerable increase of students. The library, cabinet, lectures, facilities, and economy in regard to expense, will exert an influence in drawing medical beginners from a distance. It is an excellent institution, with a learned and popular faculty.

Polypi of the Larynx, &c.—When mention was made, week before last, of the publication of Dr. Green's late work, the opportunity for studying its character had been limited. We are now better prepared to speak of its probable destiny. In the first place the treatise does not partake of the character of a meteor, flashing and careering through the medical atmosphere, to astonish with its brightness, and then die away forever. There are no pretensions about it, beyond what it really is, viz., a plain guide to the treatment of polypi of the larynx and œdema of the glottis. No better course could have been drawn than the one adopted, in order to convey a clear notion of the condition and circumstances of the throat when invaded by these diseases. A relation of cases, the varying symptoms and actual appearances, together with the remedy and its results, whether successful or unsuccessful, puts the reader in possession of the facts, and in practical medicine these are always essential. It is certain that affections of the throat—the region to which Dr. Green's attention has been particularly given—have either increased prodigiously in number and frequency, or they must have been nearly overlooked by the physicians of forty and fifty years ago. The great degree of suffering from this source calls for spirited exertions to relieve the afflicted; and whatever any one may have discovered, either in the peculiarities of the disease, or its remedies, is important for those who are called in for medical advice. Dr. Green's book, therefore, being from the pen of one who has had large experience in throat affections, must be very acceptable generally to the profession.

Wood's Practice.—Very warm expressions of editorial satisfaction are noticed in the Journals, in reference to Dr. Wood's late publication. Those who have given to the volumes the most thorough examination, are convinced that the author has conferred a peculiar favor upon the profession of the United States, by his timely gift of this excellent work. It bears renewed

examination. But one of its features of freshness and utility, comes from the fact that the author availed himself of the most recent discoveries and recorded cases in the Journals of the day, instead of going back to the antediluvians for authority. This is what we must encourage, viz., progressive medicine.

Operative Surgery Illustrated.—Messrs. Ticknor & Co. have published Dr. Piper's very highly illustrated work on Operative Surgery, which has been some time preparing. It is a compact octavo of 384 pages, the text being illustrated by nineteen hundred engravings, fifty of which are colored. An extraordinary part of its history is, the industrious author drew all the figures and finished them with his own hands. Both the type and paper of the book are excellent; and with respect to the matter, it may be considered authority, in the fewest words, and exceedingly accurate in its typography, a point of immense importance in a professional guide. There is no known surgical operation which is not pictured, so that next to actually seeing the scalpel among the muscles, this is a never-failing chart of what has been and may again be done. Every great surgeon's method of proceeding is both denoted and illustrated in an accurate manner. We see how and where the instrument should go. We can only sum up the good properties of the book, by saying that no surgeon in our country should be without it.

Maladies des Yeux.—C. M. Brownell, M.D., of East Hartford, Conn., proposes a translation of the *Manuel Pratique des Maladies des Yeux, d'après les Leçons clinique de M. le Professeur Velpeau, Chirurgien de l'Hôpital de la Charité, par Gustave Jeannelme*. The specimens we have seen of Dr. Brownell's ability to perform the work, are most satisfactory, and we sincerely hope he may find a publisher who will remunerate him liberally for the enterprise.

Tennessee Medical Society.—Good sentiments as well as scientific truths are everywhere emanating from the members of the medical profession. In the United States the people ought to be proud of the attainments, high bearing and patriotism of that great body of men who are devoted to the practice of medicine. They are first and foremost in every effort that is making to elevate society, and give stability to the free and glorious institutions of the country. And it is their prominent ambition to raise themselves in a moral as well as scientific position. It is a spirit that breathes through all their literature, animates all their associations, and stimulates them to powerful exertion to advance the best interests of humanity. The address of John M. Watson, M.D., before the Medical Society of Tennessee, abounds with suggestions that keep in view the usefulness of the physician, by pointing out with distinctness what he should know, in order to meet the expectations of those who demand an application of his knowledge, for the relief of the afflicted. He writes like one who feels that knowledge is power, and especially so in the arduous labors that devolve upon the practitioner. It is a common literary exploit to portray in public what others should do, to make themselves happy, wise, influential, and really serviceable in this wicked world; but for an honest gentleman to mount the rostrum and tell his brethren what they should do or not do, to gain the applause of their own consciences, or judgment, it scarcely mat-

ters which, in the sickroom, is original to some extent, and therefore entitled to more than ordinary consideration. There is one truly beautiful sentence in the discourse, that expresses a truth of solemn import. "Man must die—it is a law of his nature: man must die, is no less a law of many diseases. The death element pervades all animated nature—typifying the general and final death of all material things; while the life with which it is animated represents the forthcoming of that general and final spiritual life which is to survive all materialism. Man's disjunction from the tree of life has left him without a therapeutic remedy for his mortality."

Leeches.—A correspondent of the New York Times, writing from Constantinople, gives the following information:

"It is not more than from forty to fifty years that leeches have been in extensive use for the abstraction of blood from the human body, and for many years the supply from the ponds of each country was sufficient for the wants of the population. But as the use of them increased, superseding so often the lancet and cupping, the leech traders turned their attention to procuring them from foreign countries. Twenty-five years since, all who could afford it in America used the "French" leech in preference to the American leech, because it would draw twice or thrice as much blood. But none the less a large portion of the leeches exported from France, have been brought thither from other countries on the Mediterranean.

"Leeches for Western Europe and America are now obtained from Morocco, Algiers and Tunis—from Hungary (which sends one year with another 120,000 pounds of leeches annually), from Russia, and from Persia even. A trader brought, last winter, without hardly any loss by the perishing of the leeches, fifteen hundred pounds of leeches from the latter country. They froze solid as he was passing the lofty mountains, near Erzroom, but thawed into life again. The obstacle to bringing leeches from a great distance, has been, that they were so liable to perish, and needed so much care and attention on the voyage. However great the loss and the consequent rise in price, there seems no limit to the price that the sick are willing to pay for them. Fifty cents is often paid for a single leech in our country towns. And in Peru, in South America, leeches (brought, perhaps, from Persia) have sold for three to five dollars a piece.

"The product of the leech fisheries in Turkey, is at present annually greater than that of any other country. One reason among others, for this result, is the want of cultivation, and the amount of undrained lands in consequence on a sparsely inhabited country, and the facilities allowed to the Europeans who follow the business and have the protection of the local authorities. The product of the last three years has been about 180,000 pounds annually, worth at the place of exportation eight dollars a pound, or \$1,440,000 each year. In a pound of small leeches there are from two hundred and fifty to four hundred leeches. A pound of large leeches contains half that proportion. There are probably from 50,000,000 to 60,000,000 of leeches annually exported from Turkey. They are sent chiefly to Trieste, Marseilles, and London, and some to America direct. The price varies greatly at these ports, according to the supply. The prices current of Marseilles as regularly include the price of leeches, as of wheat and wool."

Fraudulent Use of Names in Quack Medicines.—It appears, from the following extract from the London Lancet, that those individuals whose names are fraudulently attached to nostrums to increase their popularity, are not wholly without legal protection.

"A short time since there appeared in the *Wolverhampton Chronicle*, the report of a trial of much importance, both to the medical profession and the public. The plaintiff, Baker, obtained a summons against Langman, for the recovery of two shillings nine pence, being the price of a box of what was alleged to be "Genuine Cod-liver Oil Pills," and to which box the name of Sir James Murray was, with much audacity, attached.

"At the trial, Sir James Murray, who was naturally greatly incensed at so improper a use of his name, appeared in person. He stated that the use of his name was wholly unauthorized; that he had done every thing in his power to deter the parties from so employing it; and that it was on his recommendation the plaintiff had adopted the present mode of proceeding. Sir James further gave evidence that the pills in question did not contain a particle of cod-liver oil, but, amongst other ingredients, a dangerous quantity of the essential oil of bitter almonds.

"The result of the trial was, that the plaintiff recovered the amount which he had paid for the pills, and the delinquent met with that exposure and disgrace which he so justly merited."

Medical Miscellany.—A new quarterly Homœopathic Journal has been commenced in Boston, edited by Drs. Birnstill and Tarbell.—The honorary degree of M.D. was lately conferred on Dr. Stimpson, of Dedham, Mass., by Harvard University.—A Mrs. Davis, of Holden, Mass., died last week, immediately after inhaling chloroform, preparatory to the extraction of a tooth.—Cholera is now prevalent in Texas.—Both whooping cough and typhus have of late begun to attract some attention. Bowel complaints, too, have multiplied among small children.—Cases of hydrophobia are represented to be quite frequent in Paris. Dogs are petted there more than any where else.—A statement was published July 22, in Cincinnati, signed by twenty-one of the principal physicians of the city, in which they say the cholera does not exist there, except in isolated instances, and the general health of the population is as good as in any July for the past ten years.

NOTICE.—The suggestion, last week, that publishers of Medical Journals should copy a notice respecting a late agent of this Journal, was inadvertently admitted, and is hereby withdrawn with the request that the notice may not be copied into their Journals.

ERRATA.—On page 425, line 8, for "experiments" read *improvements*; p. 456, line 32, for "organic tissue" read *organ or tissue*.

DIED.—In Sacramento, Dr. Gavin Russell, of Canada West, 25.—In San Francisco, Geo. C. Slayton, M.D., late of Stow, Vt., 27.—At West Enosburg, Vt., Dr. O. W. B. Hull, late of Woonsocket, R. I.

Deaths in Boston—for the week ending Saturday noon, July 31, 92.—Males, 52—females, 40. Accidental, 2—apoplexy, 1—disease of bowels, 2—inflammation of bowels, 13—inflammation of brain, 2—burn, 1—consumption, 14—convulsions, 4—cholera infantum, 6—cholera morbus, 2—croup, 2—dysentery, 4—diarrhoea, 3—dropsy of brain, 4—drowned, 1—typhus fever, 1—scarlet fever, 5—intemperance, 1—infantile, 10—inflammation of lungs, 2—disease of liver, 1—marasmus, 2—old age, 1—palsy, 2—puerperal, 2—rheumatism, 1—scrofula, 1—thrush, 1—inflammation of throat, 1.

Under 5 years, 48—between 5 and 20 years, 10—between 20 and 40 years, 6—between 40 and 60 years, 14—over 60 years, 4. Americans, 27; foreigners and children of foreigners, 65. The above includes 10 deaths at the City institutions.

Soiree at the College of Physicians.—Amongst the many objects worthy of notice at the late *soiree* at the College of Physicians, the very fine collection of fossil bones, collected by Dr. Paine Cotton, might be mentioned. Dr. Hassall exhibited some beautiful drawings of crystalline deposits occurring in diseased conditions of the urine; and Dr. Lionel Beale brought two living specimens of the *Proteus Anguinus*, which he obtained at Adelsberg, in Carniola, about two years ago; since which time they have been kept in water, in a large glass globe, from which light was carefully excluded by a thick covering of green baize. We were assured that they had had nothing to eat since they had been in confinement, and even that the water in which they are kept had not been changed for several months. Both specimens appeared very active, and looked as plump and healthy as when we had the pleasure of seeing them at one of the college *soirees* last year. Dr. Beale also had an excellent arrangement for exhibiting the circulation in the branchiæ of one of these creatures under the microscope. The *proteus* was placed in a long glass tube, which terminated in a flat plate-glass cell, into which the head of the animal was received. Two narrow glass tubes were inserted into the mouth of the larger one, by which arrangement the creature was from time to time supplied with fresh water without removing the apparatus from the field of the microscope. In this way every one had an opportunity of observing, throughout the evening, the phenomenon of the circulation of the branchiæ of this interesting creature. The power employed was a Powel's inch, and with this glass the individual blood globules were distinctly visible, as they rushed rapidly through the large capillary loops. It may be interesting to notice that upon sudden exposure to a strong light the branchiæ contract forcibly, expelling the blood from the vessels, and in consequence become quite pale; they, however, gradually assume their former size, and florid red color, upon a diminution of the intensity of light, or upon the animal being again placed in the dark. The animal, we are informed, did not suffer from the confinement consequent upon this mode of exhibiting it.—*London Lancet*.

Improvements at Bethlem Hospital.—It has been decided to erect new infirmaries for the reception of lunatics laboring under physical in addition to mental disease. The estimated expenditure is nearly £5000; but the money could not be better employed. A novel feature characterizes the contemplated erections, which deserves being mentioned. As appendages to the new infirmaries, it is proposed to erect two large apartments at the top of the building, so that convalescent patients may at any time have an opportunity of breathing free air, without going out of doors. In fine, two veranda-like chambers, constructed of glass and iron, are intended to supply this great convenience and desideratum, hitherto not seen in any lunatic asylum in England. Dr. Webster, an active governor, is said to be the originator of the scheme in question. The building operations are to be forthwith commenced, according to the plans, and under the superintendence of Mr. Sydney Smirke.—*London Journal of Medicine*.

Sulphuric Acid in Diarrhœa.—Some of the English practitioners are extolling the virtues of *diluted sulphuric acid* in diarrhœa. Half a fluid drachm, of the diluted acid, in an ounce and a half of sugar and water, is a dose for an adult. It may prove valuable in infantile diarrhœa.—*Western Lancet*.